

Instructions for Form AR4PT

Nonresident Member Withholding Exemption Affidavit

1. TRANSMISSION NOTES

- a. For all transmittal forms the same fields in order and size will be required.
- b. Transmittals will be acceptable on CD or Diskette.
- c. All fields are alpha/text/character fields.

2. RECORD LAYOUT FOR TRANSMITTALS

<u>Field #</u>	<u>Field Name</u>	<u>Field Description</u>	<u>Field Size</u>
1	ENTITY TYPE	<u>S</u> -Corporation Partnership <u>L</u> imited Liability Company <u>T</u> rust Code <u>O</u> ther <u>N</u> onresident Member	1
2	FIN	Entity FIN	9
3	FIN/SSN	Member FIN or SSN	9
4	FIRST NAME	Member first name, if individual Member complete name, if other than individual	25
5	MIDDLE INITIAL	Member middle initial	1
6	LAST NAME	Member last name	25
7	ADDRESS	Member address	35
8	CITY	Member city	35
9	STATE	Member state	2
10	ZIP	Member zip	9

3. FIELD DATA INSTRUCTIONS

Field 1 Enter S for a S-Corporation, P for a Partnership, L for a Limited Liability Company, T for a Trust, O for Other, or N for a Nonresident member. Code of S, P, L, T, O, N is required, no other code is acceptable. Field will be used as part of key along with FEIN.

Field 2 Enter the Federal Identification Number (FIN) for the S-Corporation, Partnership, Limited Liability Company, Other, or Trust. FIN is a required field for all records. Zero fill from left for any number less than 9 digits. Field will be used as part of key along with S, P, L, T, O, and N codes. All records with same FIN will be treated as belonging together.

Field 3 Enter the Social Security Number or Federal Identification Number for the Partner, Shareholder, Member, or Beneficiary. SSN/FIN is a required field for all N records, leave blank for other record codes. Zero fill from left for any number less than 9 digits.

Field 4 For records coded S, P, L, T or O: Enter complete name of S-Corporation, Partnership, Limited Liability Company, Trust, or Other. Supply legal name only, do not use DBA (doing business as) name.

For records coded N: Enter first name of Partner, Shareholder, Member, or Beneficiary. Supply legal name only, do not use DBA (doing business as) name.

Field 5 Enter middle initial of Partner, Shareholder, Member, or Beneficiary.

Field 6 Enter last name of Partner, Shareholder, Member, or Beneficiary.

Field 7 Enter location for the S-Corporation, Partnership, Limited Liability Company, Other, Trust, or Nonresident member. Mailing address will be acceptable.

Field 8 Enter city for the S-Corporation, Partnership, Limited Liability Company, Other, Trust, or Nonresident member.

Field 9 Enter state two digit mailing code for the S-Corporation, Partnership, Limited Liability Company, Other, Trust, or Nonresident member.

Field 10 Enter mailing zip code for the S-Corporation, Partnership, Limited Liability Company, Other, Trust, or Nonresident member. Zip code required for 5 digits, 9 digits accepted and preferred.

4. FAQ (Frequently asked questions):

Q: Are the records I submit required to be in any specific order of submission?

A: No. There is no specific order of submission.

Q: I submitted what I thought was all my information in a transmission, but now have additional information which needs to be transmitted. Do I need to add the records to those already submitted and resubmit again?

A: No. Transmit the additional information only.

Q: May I submit more than one pass through entity information in the same submission?

A: Yes. Complete Form AR4PT for each pass through entity whose records are on the CD or diskette.

Q: Do I need to submit the nonresident member affidavit information as I receive them, or can I wait until I receive all of the signed affidavits?

A: The nonresident member affidavit information you receive will be required to be filed with the Arkansas Department of Finance and Administration no later than the due date of your income tax return.